Journal of Forensic and Legal Medicine 20 (2013) 136–138

Contents lists available at SciVerse ScienceDirect

Journal of Forensic and Legal Medicine

journal homepage: www.elsevier.com/locate/jflm

Short report

# Use of role play in undergraduate teaching of ethics – An experience

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ARTICLE INFO

*Article history:*
Received 25 February 2012
Received in revised form
16 May 2012
Accepted 17 June 2012
Available online 6 July 2012

*Keywords:*
Role play
Didactic
Ethics
Euthanasia
Consent

ABSTRACT

Lecture is the traditional way of teaching adopted in our routine. Learning about medical ethics used to be done by lecture. All of us felt that learning some aspects of ethics requires a deeper understanding of the topics especially those areas involving feelings and emotions. So the role play method was chosen. We taught the topics consent and euthanasia by both the didactic method and by role play to the students of second year MBBS during the period June–July 2012 and then we compared the results. We have tried to evaluate role play vis-a vis lecture by analyzing the feedback from the students. The affective component analysis requires a different method of teaching and assessment as shown by our experience.



## 1. Introduction

Medical education is a field where proper teaching methods are required in order to embed in the young minds the seeds of correct concepts and right attitude. It helps to nurture in them the saplings of humanity, dignity and respect to human life. Numerous initiatives are taking place all over the globe in order to develop methods for better learning.[1–4] In our setting the usual way of teaching is by the didactic lecture method. The lecture method is good for knowledge acquisition.[5] However, occasionally, covering more subject matter and a detailed lecture can be sleep inducing to the students.[6]

Small group discussion has its own value and role play in particular is helpful in teaching and discussing subjects which have an affective component as well.[7] It enables more interaction[7] and also facilitates acquisition of communication skills.[6]

In this medical college, the curriculum approved by the University affiliating about 40 medical colleges is followed. In the said curriculum, students start by reading the code of medical ethics on day one. As the students progress, code, decorum and conduct become part of their learning. Ethics is included in the formal course when they reach second year, in the subject of Forensic Medicine. About 8–10 sessions are usually allotted for this part of the course. When they start patient contact ethics essentially becomes part of their learning. After completing Forensic Medicine, students continue to receive as part of their learning more on desirable attitudes and behavior.

## 2. Methods

The batch was composed of 96 students of 2nd year MBBS. Orientation for the task was given in the beginning for all at the same time. The topic chosen was 'breaking bad news'. The students are usually divided into two big batches – A and B batches of 48 each for the practical, the same was continued. The students belonging to Batch A were given the topic 'euthanasia' and the students belonging to Batch B were given the topic 'consent' to present as role play. Lecture class was taken on 'consent' to Batch A and 'euthanasia' to Batch B. The students were provided with notes in the didactic teaching whereas in the role-play the students were just guided by the facilitators. The study was conducted with the institutional ethics committee clearance.

A brief description of the case scenarios drafted by us is given.

For the topic breaking bad news the story given was that of a 60 year old man, with progressive difficulty in swallowing, loss of weight, vomiting, endoscopic biopsy showed carcinoma of the stomach having poor prognosis. The doctor has to explain this to a patient who is capable of understanding.

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1752-928X/$ – see front matter 
http://dx.doi.org/10.1016/j.jflm.2012.06.010

For the topic consent in medical practice, for the Batch A, the areas covered were as follows.

1. A doctor working in a tertiary center is doing research on the efficacy of two antibiotics. A 35 year old lady is diagnosed with bacterial sepsis. The doctor has to get consent for his research work as well as treat her.
2. A 59 year old diabetic on irregular treatment falls into coma and is rushed to the casualty. He has gangrene of the leg which requires amputation in order to save his life. Once he recovers he needs to be consoled and explained as he is shocked to see his leg removed.
3. A 25 year old man diagnosed with acute appendicitis, the doctor has to take a written informed consent for surgery and anesthesia.
4. During a school trip, an 11 year old requires hospital admission due to exacerbation of asthma. The school teacher has accompanied him. The doctor has to take consent.
5. A 30 year old man was arrested for drunken driving, the doctor working in the health center has to examine him, collect blood and certify. The person is disoriented and semiconscious.
6. A famous leader takes a fast unto death for a public cause. The doctor is asked by the government officials to take care of his health. His condition is worsening.

For the topic euthanasia, the areas covered were as follows

1. An intern working in leukemia ward becomes attached to a young boy and feels upset after hearing his poor prognosis and suffering; he decides to help him end his life. A duty doctor sees him in suspicious circumstances and dissuades him from going ahead.
2. A 60 year old man with recurrent necrotizing fasciitis is unwilling for the third surgery. He requests the doctor to relieve his pain and suffering for which he is given low dose morphine. Now he asks to end his life.
3. A 90 year old falls into coma due to intracranial hemorrhage. She has instructed her son not to resuscitate her if she falls ill. Once taken to the doctor, she is put on a ventilator. The doctor has to discuss with the relatives.
4. An 82 year old in an old age home requests the visiting doctor to end his life.
5. A 45 year old in a ventilator for several months and without any signs of improvement. The relatives request for removing him from the ventilator. The doctor has to take a decision.

The aim of giving the topics was to cover a wide range of emotional challenges faced by doctors in their practice. This will give a deeper sense of understanding into the ethical dilemmas and legal complications. When they finally start to practice as registered medical practitioners, at least some of the topics which were covered will stay in their minds. The role plays were written in such a way that the concepts of consent, taking informed consent, lack of consent in emergency, loco parentis for children, invalid consent become clear. Similarly, for euthanasia, the scripts were so written that the concepts of active, passive euthanasia and the diagnosis of brain death become clear.

An oral feedback was taken at the end of the sessions from the students who volunteered to express the opinions of their group.

They were also objectively assessed in the next class by 10 multiple choice questions with case based questions, 5 from consent, and 5 from euthanasia. We analyzed using case based MCQs. The test was administered without any prior notice. They were asked mainly situations where patients have to be dealt with by doctors. The students had to identify the situation and also in some questions they had to know the ethical and legal dilemmas in relation to the above mentioned aspects of consent and euthanasia.

The marks were tabulated and a *t*-test was applied between the two batches (A and B) for the results obtained in the same subject (consent & euthanasia).

## 3. Results

All the students actively participated in the group activity. They were enthusiastic and were excited about the acting part. They allotted themselves with the roles and made their own dialogs within the given time. Most of the students were thrilled by the experience. They were also deeply involved while performing and agreed that they were more interested in the class than the routine lecture. They also felt more emotions and expressed the same during the performance.

The average marks obtained after analyzing the case based multiple choice questions is as shown in Table 1.

The *t*-test showed that there was no statistically significant difference between the 2 batches in each topic taken by different methods.

## 4. Discussion

The result showed that both methods are equally good. However, in order to really assess the impact of the class it is better to observe/assess their interaction with the patients and see how they differ from the other student group which is not taught using the same method. It is not easy to assess the affective domain in theory. The difficulties in teaching and assessment of ethics have been discussed earlier[8,9] with the various methods of assessment used being essays, multiple choice or extended matching questions, objective structured clinical examination, short answer questions, portfolio, and viva.[10]

The possibility of the students being exposed indirectly to various aspects of ethics as part of cultural background before coming to the MBBS course could not be excluded. Values and culture can influence decision making in ethics.[11,12]

The assessment of ethics training can possibly be done better using an 'ethics check list' when interacting with patients.[13] The students have to be familiar with the principles of ethics even when they are silent observers.[14]

Various studies have positively concluded that small group discussions and interactive sessions were more effective and also lead to a better recollection of the topics than the lecture methods.[15–20] Small group discussion is also recommended as part of training for staff to discuss ethical problems.[21] Perhaps the difficulty which we experienced in the exercise was that the students were too emotionally charged and sometimes went in a different direction, focusing on their acting skills. Keeping them focused on the topic was a difficult task.

Other studies have obtained similar results before.[5,22,23] Although the student satisfaction was greater in the non-

**Table 1**
Comparison between the two batches.

| Batch | Consent | | Euthanasia | |
|---|---|---|---|---|
| | Mean | S D | Mean | S D |
| A | (Lecture) | | (Role-play) | |
| | 4.1 | 2.10 | 4.2 | 2.01 |
| B | (Role-play) | | (Lecture) | |
| | 2.6 | 1.47 | 3.6 | 1.36 |

S D, abbreviated for standard deviation.

conventional method,[24] there was no significant difference between increase in knowledge and teaching method. Role play is often used as an add on to lecture as students are more actively involved in it.

The feedback taken from the target group by administering multiple choice questions may not have been the relevant evaluating tool. When one considers the possibility of more in depth and richer experience the students gained by role play, it would not be irrelevant to conclude that the very experience would help our students for developing sensitivity to this area. Feedback by a qualitative tool might be more appropriate.

We hope to improve the next sessions on ethics classes based on our present experience and also develop better rubrics for analysis which is easy to apply in class room setting.

*Conflict of interest*

None declared.

*Funding*

None.

*Ethical approval*

Ethical approval obtained from Institutional Ethics Committee, Vydehi Institute of Medical Sciences and Research Centre, Bangalore.

## Acknowledgement

We would like to thank the students, our colleagues Dr. Jagadeesh N, Dr. Kiran M.S of the Department of Forensic medicine and Mrs. Mini Jayan, Statistician, Department of Community medicine.

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